



# **Solutions for Non-Restorable Defendants**

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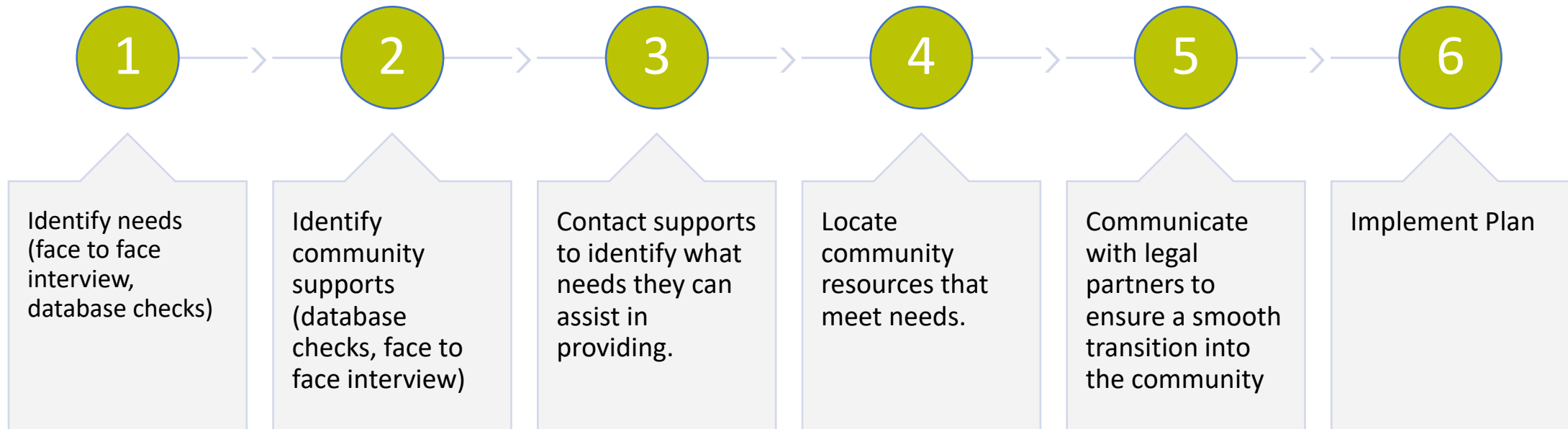
# The Goal

- To ensure the patient needs are met to reduce the likelihood they will reoffend with community safety in mind.
- To ensure the patient is an active participant in the services.
- To provide support to families of the patient.

# Common Needs Based on Diagnosis

<u>Mental Health Needs</u>	<ul style="list-style-type: none"><li>Housing and transportation</li><li>Medications</li><li>Referral for specialized services (HCBS, ACT, FACT, SUDs, CBT etc)</li><li>Connect with psychiatric provider</li><li>Income to maintain housing</li><li>Medical insurance and PCP are obtained.</li></ul>
<u>Intellectual and Developmental Disabilities (IDD)</u>	<ul style="list-style-type: none"><li>Housing and transportation</li><li>Medications</li><li>Connection with Local IDD Authority (LIDDA)</li><li>Refer for specialized services (HCS, ICF)</li><li>Refer to guardianship services (if needed)</li></ul>
<u>Neurocognitive Disorders and TBI</u>	<ul style="list-style-type: none"><li>Housing and transportation</li><li>Medications</li><li>Assist with obtaining formal diagnosis of Neurocognitive disorder (can only be completed out of custody)</li><li>Obtain medical insurance</li><li>Connect with local memory care facilities (as needed)<ul style="list-style-type: none"><li>-Must be medication compliant to be placed in a care facility, and have a way to pay</li></ul></li></ul>

# The Process



# Coordination for in Custody Defendants

- Release process
  - Inform the court of the plan once developed ( 1-7 day prior to release)
  - Communicate the court regarding release time (1-7 days prior to release)
  - Coordinate transportation for release date ( 1-7 days prior to release)
  - Confirm housing for release dates (1 day prior to release)
  - Requesting psychiatric medications (1 day prior to release)
  - Communicate with release desk (day of release)
  - Pick up and provide medications to defendant (day of release)
  - Provide clothing and hygiene kit if needed (day of release)

# Common Barriers

- Lack of available bed space in boarding homes
  - Solution: Home and Community-Based Services (HCBS) if benefits have not been disconnected, Shelter programs
- Difficulties reinstating benefits (MH, Neurocognitive Disorders)
  - Solution: ensure clients have proper identification ASAP, follow up regularly
- Wait times for bed space at Home and Community-Based Services (HCBS) and Intermediate Care Facility (ICF) homes
  - Solution: Request emergency placement
- Memory care facilities limit charges, require med compliance and ability to pay
  - Solution: be proactive in identifying which facilities will accept higher level charges, search of out of county facilities, get ROI's to release records to facilities, identify a support in the community who can access financial records.
- Memory care facilities typically will not take individuals without the ability to pay
  - Solution: If coordinating with St. Hospital request, they assist with renewing benefits, attempt to locate family to provide care until benefits are approved.
- Low baseline of functioning
  - Solution: Connect with LIDDA, identify family who are willing to apply for guardianship

# Atypical Cases: Things to Consider

## Out of State

- Coordinate defendants' family for transportation home (bus, train, air)
- Will family meet them once they arrive?
- Does the defendant have proper identification for transport?
- Careful coordination of release time is needed

## Immigrant Communities

- Unable to obtain benefits
- Green Card application could be hindered based on criminal charges and Diagnosis. However, in some cases a waiver maybe applicable.

## Sex Offenders

- Is the housing location and environment appropriate based on legal condition
- Understand the process for registering as a sex offender

# Example Transition Plan

Daemond T. is a 48-year-old male diagnosed with schizophrenia and high blood pressure. He is charged with Assault and Theft of Property. He was recently opinioned to be non-restorable by a psychologist. He reports that his wife Rhaenyra T. will allow him back home and provides her contact information. He agrees to mental health treatment in the community and is willing to continue taking his Long Acting Injectable (LAI) and other medications. Daemond states that he was receiving SNAP, SSI and Medicaid before his arrest.

## Housing

- Confirmed Rhaenyra: 130 Painted Table Ln Dragon Stone, Westeros

## Transportation

- Rhaenyra unable to provide transportation due to work. Case manager or Van driver will transport

## Medications

- Ordered 8-14-24 (sent to main clinic)

## Psychiatric follow up

- Scheduled for 8-30-24

## Medical follow up

- JPS walk in

## Referrals made

- SSA, Counseling, SUS, case manager assigned



# Questions?



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